DOCUMENT RESUME

ED 325 551 UD 027 582

TITLE Health for Development. Farm House Dialogue (6th, Ota, Nigeria, September 1-3, 1989).
INSTITUTION Africa Leadership Forum.
SPONS AGENCY Africa Leadership Foundation.
PUB DATE 89
NOTE 38p.; For other Farm House Dialogues, see UD 027 577-584. The text has scattered passages of light/broken type.
PUB TYPE Collected Works - Conference Proceedings (021)

EDRS PRICE MF01/PC02 Plus Postage.
DESCRIPTORS Agency Cooperation; Developing Nations; *Developmental Programs; Foreign Countries; *Health Care Costs; *Health Conditions; *Health Programs; *Medical Services; Public Agencies; Workshops
IDENTIFIERS *Nigeria

ABSTRACT

This document summarizes discussions at an invitational workshop on health care development in Nigeria. The discussion centered on the need for cooperation among government service-delivery agencies and on the need to improve general national economic conditions. The following broad topics were discussed: (1) the history of health care during the early traditional period, the colonial period, and the years since independence; (2) problems with the implementation of the current National Health Policy, which is based on the World Health Organization's (WHO) goal of just and equitable health care for all by the year 2000; (3) the inadequacies of the health care delivery system and the problems in training health care providers; (4) the problems of obtaining and administering funds; (5) the shared responsibilities of the family, the community, local governments, state governments, and the federal government; and (6) strategies for providing medicine, health insurance, population control, and just and equitable health care delivery. A list of participants, the text of two introductory addresses, and a description of the Africa Leadership Forum are appended. (FMW)

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FRICA LEADERSHIP FORUM

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F A R M H O U S E D I A L O G U E

Health for Development

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Dialogue 6

1 - 3 Sept, 1989

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The Farm House Dialogue is one of the programmes of the Africa Leadership Forum. The Dialogue is in form of a quarterly week-end national seminar on issues, subjects or matters of political, economic, technological or social relevance to Nigeria, West Africa, Africa and humanity at large. Farm House Dialogues take place at Obasanjo Farms in Ota, Nigeria. Africa Leadership Forum is substantially funded by the Africa Leadership Foundation and supported by national and international donors.

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FARM HOUSE DIALOGUE -

PRINCIPLES AND GUIDELINES

The Dialogue is neither a political gathering nor is it a gathering to chastise and condemn. It is basically a brainstorming event. Everyone is at liberty to freely express his or her opinions.

It is a concerned attempt to search for solutions to national problems through discussion. It does not seek to delve into who brought about particular predicament of the nation. Although a knowledge of how the nation got to a specific impasse or difficult situation might provide useful lessons for the future.

It, instead, is an attempt to engage in a proper analysis of national problems and arrive through discussions and dialogue at practical suggestions and recommendations which may help in resolving all or part of these problems.

In consequence, the Dialogue places great emphasis on the selection of individuals to participate in the discussions, noting the importance of inviting always personalities who have knowledge and insights into the particular national issues being discussed and who can make substantial contributions.

It is aimed not always to reach consensus but to provide opportunity for recording honest disagreements on vital national issues.

Each Dialogue will result in a publication that will capture the essence of the discussion and the main conclusions reached.

FARM HOUSE DIALOGUE

Dialogue 6

HEALTH AND DEVELOPMENT

Chairman: Professor C. Nwokolo
Rapporteur: Amb. Yusufu Maiangwa
Editor: Professor Akin. L. Mabogunje

Introduction

The Sixth Farm House Dialogue took place as usual at Obasanjo Farms in Ota on 1st to 3rd September, 1989.

General Obasanjo as chief host delivered a welcome address in which he sought to define health as transcending the mere absence of disease and infirmies in an individual, but as including adequate psychological and psychic balance, a decent housing and unbridled access to a daily intake of nutritive and balanced diet. He suggested that the vision, perception, promotion, protection and delivery of health care services must be more demystified and more diversified and all embracing if the total spectrum of human well being is to be captured. While acknowledging the presence at the Dialogue of two giants in the health care delivery field, Prof Adeoye Lambo and Chief Dr. Majekodunmi, he reminded participants of the non attributive but frank nature of the Farm House dialogue. (See Annexure II for full text).

Prof Nwokolo, as Chairman of the 6th Farm House Dialogue also delivered an opening address. In his paper, Prof. Nwokolo reiterated the need for a re-examination of some fundamental societal problems currently inhibiting progress in all sectors of the society including health. These problems, which include indiscipline, corruption, ex-

cessive materialism and a rapid decline in the pursuit of excellence, are like a sore thumb which requires drastic surgical attention.

He pointed out that Nigeria has taken great strides forward in tackling many of the problems of basic manpower training in the health sector and continues to deploy considerable human and material resources even in the area of Primary Medical Care that incorporates both preventive and curative medicine down to the village level. Notwithstanding, there are still a number of unresolved issues and major constraints in the way of achieving health for development.

He enjoined the participants to focus more on the generation of new ideas and solutions to some of our health problems in Nigeria. (See Annexure III for full text).

With the two addresses setting the scene, participants then agreed to focus on the following seven broad issues:

1. A working definition of health.
2. An historical overview of health practice in Nigeria.
3. Current Federal Government's health policy.
4. Indicators of inadequate health and unresolved problems of health care delivery.
5. Resources and their management.
6. Responsibilities for Health care delivery.
7. Strategies for effective health care delivery.

A WORKING DEFINITION OF HEALTH

Participants at the Dialogue accepted the view that it is neither sufficient nor adequate for the definition of health to be reduced mainly to physical well being. Participants were of the view that an healthy individual must be physically fit, must enjoy spiritual, psychic and psy-

chological balance as well as access to a balanced nutritive diet and a good environment. It was observed that the WHO definition of health as being a state of complete physical, mental and social well being is subsumed within the above broad definition.

AN HISTORICAL OVERVIEW OF HEALTH PRACTICES IN NIGERIA

The Dialogue noted that prior to the advent of Western medical practice, traditional medicare was the only form of health service available. Its pivot of which was on herbs and related forms of medicaments. Although its emphasis was on the curative, it also combined both physical and spiritual treatment. It was adjudged effective and this partly accounted for its survival and its persistence at the present time. Additionally, it was and still is inexpensive and readily available, although in most cases its treatment of ailments was no more than a skillful dispensation of placebos.

Participants observed that although Western medicine has a relatively shorter history in Nigeria, it has nonetheless been progressively successful. It was noted that Western medicine came with the colonization of Nigeria by the British. The colonialists were not particularly interested in the health of the natives but were more concerned about their own health because of the debilitating effect of diseases such as malaria, diarrhoea and dysentery.

Participants gave credit to the colonialists for the establishment of dispensaries for immunization and other basic health services all over the country. It was observed that during the colonial era these dispensaries were regularly inspected, monitored and made functional. Credit was also given to the British for the introduction of preventive medicare with emphasis on both personal hygiene and environmental sanitation, especially through the use of sanitary inspectors and health

inspection exercises carried out in schools. Additionally, hygiene was taught as a very important part of basic school curricula.

However, with respect to high-level manpower training, it was observed that there was no modern type medical school during the colonial period. The Yaba Higher College that was established at the time admitted the very cream of Nigerian secondary school graduates. Notwithstanding, they could not trained to become doctors. After graduation, none of the products of the Yaba Higher College were placed higher than Assistant Medical Officers even though the level of proficiency showed by most of them indicated their greater potential and promise. Indeed, it was noticed that some Nigerian male nurses with long surgical theatre experience became quite adept and dexterous with surgical procedures that young British doctors who were sent out had to learn from them initially. Nonetheless, over time, Nigeria benefitted immensely from the skills of specialists brought in by the British to look after their colonial officers. Equally, credit must be given to distinguished Nigerian medical pioneers such as the late Samuel Manuwa, Professor Oritsejolomi Thomas and Dr. (Chief) M. A. Majekodunmi, for their inspiring effort in laying the foundation of present Nigerian medical practice and training.

Since independence, successive National Development Plans have identified clearly what are the basic elements of health for development. It was agreed that there was little problem at the level of conceptual articulation. Problems arose mainly at the level of implementation of planned programmes. Participants, for instance, noted that in spite of affirmative statements in each of the Development Plan document, there was a rather alarming negligence of preventive health care service right up to the 1970s. The situation, however, is gradually being changed as more attention is now being paid to preventive health care. No doubt, health care services has its own glamorous and its drab areas. Over the years, most health personnel seem to have

opted for the glamorous areas, notably curative medicine while leaving the vital but supposedly drab areas such as community medicine to the very few interested people. Clearly, there is now an urgent need to re-think on our national priorities and to design appropriate manpower training strategy to ensure that our developmental aspirations can be sustained by the health status of the generality of our citizens.

REVIEW OF THE CURRENT HEALTH POLICY AND PRACTICE IN NIGERIA

A brief review of the history and evolution of health practice and health care services from colonial days to the present was offered by one of the participants using a number of slides. This helped to highlight the common and recurrent problems of both preventive and curative health care service in Nigeria. It also provided a back drop against which to view the new National Health Policy which was said to be based on the directive principles of social justice and equity with the end goal of actualizing the WHO slogan of health for all by the year 2,000.

Participants undertook a brief discussion of this National health Policy. It was felt that although the conception and the articulation of the policy were excellent, there was need to pay greater attention to the strategy of implementation. Questions were raised on why the policy is not being executed in its entirety. Participants felt it was time that on matters of health care delivery, the nation must have all hands on deck from the individual through the family cell to the larger community. The problem of poor dissemination and appreciation of what the policy entails for each of these levels of society was seen as a major impediment to its satisfactory execution. In order to mobilize all citizens to a full appreciation of their responsibility to their own health and that of the community at large, there was need for informing them

adequately, through translation of the National Health Policy document to all the major Nigerian languages and dissemination of these effectively through the media and other traditional means of dissemination of information.

Another question that was raised in respect of implementation was the apparent relegation of tertiary health care in the present scheme of things. The Dialogue noted that although it was necessary to give due emphasis to primary and secondary health care services, the overall effectiveness of the health sector depends on keeping a holistic view of things and ensuring that each level of service is accorded its own pride of place.

Specifically with respect to a National Health Strategy, the Federal Government must realise the importance of inter-sectoral co-ordination since the health of the Nigerian populace is determined by the activities of other ministries besides the Ministry of health. The work of such ministries as those of Agriculture, Education, Works and Housing do clearly have a telling effect on the health of citizens and need to be deliberately taken into account through inter-ministerial efforts. Within the health sector itself, attention must be paid to training the diversity of manpower required to reflect the wide ramification of health care covering such desperate areas as research and health technology. All of this training effort must be cost-effective and appropriate to the needs of the populace. With respect to the problem of financing national health care, it was felt that the government should re-examine its sectoral allocations and funding sources with a view to increasing the share of the health sector.

Participants also commented on the need for continuity in the implementation of health policies in the country. It was felt that the practice whereby policies change with every change of Ministers was not in the best interest of the health of the citizens of the country. The

example was cited of Britain where there has been a consistent Basic National Health Policy for the last forty years in spite of the turnover in government personnel.

Most importantly, it was felt that the success of any health policy depended on the level of discipline and commitment among all members of the health term. The government needs to pay attention on how to engender these attributes in all concerned whether in the public or the private sector.

INDICATORS OF INADEQUATE HEALTH AND UNRESOLVED PROBLEMS OF HEALTH CARE

The WHO policy on health world-wide provided the basis for discussion on these issues. It was agreed that this policy should be taken alongside the National Health Policy. As a result, the following major indicators of inadequate health care service were identified:

a. Ignorance by the majority of the existence of any national policy and of their expected roles in the execution of that policy;

b. Poor national coverage of major health programmes such as the Expanded Programme of Immunization (EPI). This problem is often compounded by attempts to doctor the information and statistics presented to international agencies to give a more commendable impression of national performance;

c. The large number of uncompleted and outmoded physical structures strewn all over the country which were designed to extend the scope and reach of health care delivery;

d. The deteriorating health status of an increasing majority of the population due to the impact of the down-turn in the nation's economic fortune, the latter being considered the crux and the main engine of effective health policy;

e. Failure to use other people's successes (Cuba, Thailand, Taiwan, etc.) as indicators to measure the distance we have covered and to correct the pitfalls we have made;

f. Indiscipline which has pervaded the national psyche;

g. Discontinuity in the execution of government programmes. Here again, the example of the stability of the British system was stressed whereby a policy inaugurated by the Labour Party was guaranteed continuity of execution by successive governments. Policy makers and implementors in Nigeria do not need to re- invent the wheel, as it were, each time we have a new government in place. Once this is realized, instability will be removed as a major constraint in the system.

h. Lack of sufficiently dedicated and motivated people to execute the policy. Pressure groups outside of government need to learn how to exert beneficial pressure on governments to execute sound national policies. It was agreed that non- government organization (NGOs) (both professional and non-professional) need to play their role more effectively to ensure that good policies are not frequently derailed. Professional health workers at the highest levels (such as Chief Medical Directors of Teaching Hospital in the country) can also exert influence on government to continue to execute policies that have been adjudged sound and generally implementable.

RESOURCES AND THEIR MANAGEMENT

The Dialogue noted the current involvement of the World Bank in a number of health care projects, with the collaboration of state and local communities. It was, however, observed that the manner in which the loans are distributed and utilized leaves much to be desired. Since it would appear that for now the country can not escape external borrowing, the implications of such high costs for the end-user at the grassroots need to be constantly kept in view. For this reason, participants suggested that we should desist from borrowing to procure drugs. The technologies acquired with foreign loans should be such that can be adapted to our real needs and that can be maintained easily. Furthermore, it was argued that since strings attached to some of these loans can not be eliminated altogether, they need to be examined very carefully to determine their usefulness to us, and not just to the creditors. It was generally agreed that all loans on health care, and indeed loans obtained for other developmental purposes, should be used strictly on productive activities like the manufacturing of basic drugs

usually brought from abroad. Productive activities include projects in such areas as water supply, agriculture and education that have a direct bearing on the people's health. The bottom-line on external funding for health care purposes must be that if anybody is really keen on helping us, then they must assist us to produce on-shore the basic things that are needed in this regard. In the opinion of the Dialogue, one way of financing essential drug purchases by the government hospitals was to engage in fund recycling; that is payments made by patients for drug supplies in the hospitals should not be returned to the treasury but should be used continuously to procure essential drugs such as analgesics and anti-malarial tablets which are heavily demanded by patients. The practice and success of this strategy at the University of Calabar Teaching Hospital was noted and recommended as an act worthy of emulation by other centres.

While taking cognizance of the fact that health financing continues to be both public and private, the Dialogue noted that most people who patronize teaching hospitals and other government hospitals are the very poor. It would amount to great injustice to deny them access to this level of medicare through exorbitant fees charged in these hospitals. It was therefore recommended that fees presently charged be reduced to the barest minimum if the poor are not to be deprived of essential medicare services. In many instances, the situation was so pathetic that ailing patients often abscond from hospitals when recommended for in- patient treatment.

Discussions also revolved around the question of the all- pervading presence of corruption and general indiscipline in the system. It was noted that Nigeria is an over-governed society and the myriad of officials simply helps to fuel the propensity to be corrupt. It was, for instance, estimated that for every Naira budgeted on health care, only twenty five kobo is actually spent on the sector. The rest is swallowed up gluttonously by corruption. If this trend was to stop, the country

must find an adequate means of introducing effective sanctions which should be rigorously and faithfully implemented.

One major identifiable cause and prime mover of corrupt practices is the over-centralization of health funds for health care services. Participant argued that funds for health-care services when centralized at either the state of federal government level unduly magnified the money involved and made it attractive to unscrupulous minds who tended to embezzle the money. To avoid this unsavoury situation it was recommended that health funding should be thoroughly decentralized and the funds allocated to and paid directly to local governments, the specialist and teaching hospitals concerned. The judicious and prudent utilization of this fund can be ensured through effective monitoring by either the state or federal government. There was also need to examine and learn from the experience of countries which have dealt successfully with the problems of corruption and indiscipline in the delivery of health-care services.

On traditional medicine, it was noted that WHO has passed a resolution to the effect that each member country can develop its own traditional medicine, the high percentage of placebo effect of its ministration in Africa notwithstanding. Although the placebo syndrome is generally responsible for much of the so- called "cures" in certain trado-medical practices, the fact that many Africans continue to believe in its effectiveness whilst many others regress to these cultural practices when faced with serious health crises can not be easily ignored. In consequence, the Dialogue agreed that if a man believes in certain rituals and thinks these rituals can aid the healing process, he should be allowed to practice them. The thing to do is not to despise traditional medicine, rather the nation should strive to demystify it and treat practitioners of this type of medicine with more regard and dignity.

However, in spite of this accommodative approach to traditional medicine, participants were of the opinion that traditional medical practices still need to establish rigorous diagnostic standards and ways of establishing unequivocally claims to effectiveness of particular procedures and medicaments. It should, for instance, be possible to replicate such procedures and medicaments and achieve the results claimed for them. Incantations, which are often no more than placebos, would simply not advance the cause of traditional medicare.

RESPONSIBILITIES FOR HEALTH CARE AND HEALTH EDUCATION

The Dialogue observed that responsibilities for the health of the individual must be shared by the family, the community, the local government, state governments and the federal government in that order. The dialogue was however emphatic that responsibility for health care must start at the individual level. The individual must be made to realize through effective health education that he needs to eschew unhealthy behaviours such as living, working or playing in unhygienic surroundings, consuming impure water and eating without due regard to the wholesomeness and nutritional quality or quantity of the food material.

Families and communities must also be made to realize their own role in this crusade. Each family and community must embrace as a creed the need to maintain certain hygienic standards through a sustained and graphic health education programme reinforced by other modalities such as general monitoring by health visitors and sanitary inspectors.

The Dialogue observed that one effective means of effectuating meaningful health education if the desired impact is to be achieved is to make such education community based. Moreover, the best way of

getting information down the line is through the primary school system. The headmaster of the primary school in every community must be involved in health planning at the community level. His role is deemed crucial because he is both an opinion moulder and an opinion leader in his community. His active involvement in the programme of community health education would enable him place the necessary emphasis on hygiene in his school curricula. If the message is effectively communicated to the pupils, they can be sure to want to pass on the need for appropriate hygienic behaviour to their parents.

The Dialogue observed that the approach to community health should be broadened beyond the present attention to primary health centres. It should be possible in future to give special emphasis in the scheme to specific groups, like mothers, infants, and others vulnerable to certain infectious diseases. Participants reasoned that the idea must be to use these centres equally for the dissemination of information on health. Although serving as a form of health extension services, the usage of health visitors, it was emphasized, must be seen as a way of mounting a total attack on ignorance about health matters. The Dialogue suggested the increasing use of the media, especially the electronic media, for this purpose. Such health education programmes should be done in local languages and non-governmental organizations should be involved in this exercise. Participants recalled the effects and activities of sanitary inspectors in the not-too-distant past and recommended its reintroduction. In the opinion of the Dialogue such a frontal and co-ordinated attack on ignorance and disease through health education would contribute immensely towards an effective primary health care service. The inter-disciplinary approach should also be used to considerably reduce the level of ignorance on a number of issues such as the consequences of early marriage for both maternal and child health.

The Dialogue decried the current practice and situation whereby the general orientation of health service personnel conveniently coincides with the glamour areas of health practice. This orientation needs to be changed. The most effective means of achieving this is through a more vigorous training programme for health personnel. The current practice in Ogun State University Teaching Hospital which tries to situate all medical training within the context of community health was applauded and recommended as worthy of emulation. It was stressed that greater emphasis needs to be placed on making health personnel more socially relevant by focussing more on the developmental aspects of health training. Changes in the curriculum of health education must ensure full integration of primary health care in the over health care delivery system in the country.

The Dialogue observed that the increasing output of highly trained manpower from our Universities has made it progressively relatively easy for governments to meet its share of responsibilities for healthcare delivery. The position, however, varies enormously from one state to the other. This requires that those states which do not have a sizeable stock of well trained medical personnel should do everything possible to encourage many of their young school leavers to undergo medical training whilst devising various schemes in the short term to attract trained medical personnel from other parts of the country. The Dialogue viewed with considerable alarm the present situation whereby the country is losing an increasingly large number of its senior medical personnel to more renumerative employment in foreign countries. The Dialogue believes that with some imaginative schemes of compensation it should be possible to keep many of these individuals in spite of the present strained economic circumstance of the country.

STRATEGIES FOR EFFECTIVE HEALTH CARE DELIVERY

Strategies for an effective health care delivery system in the country, it was agreed, entail an interconnected, interrelated concentric approach that emphasizes inter-ministerial relations. Consequently, many policies and issues have to be considered. Given the limitation of time during this session of the Dialogue, it was agreed to deliberate on only four of these, namely, drug provision, health insurance, rapid population growth and the issue of equity and social justice.

Drug Provision

No effective health care delivery system, it was reiterated, can be developed on the basis of imported drugs. The Dialogue, therefore, re-emphasizes that any foreign loans for drugs should be such as will enhance our capacity to manufacture the essential drug we need. The experience of Cuba, which devised a well- articulated and well-executed policy of drug manufacturing was given as an example worthy of emulation. Nigeria has to rationalize its list of essential drugs so that industries can be set up locally in line with such a list. Local production must be stimulated and legislation enforced. A rationalized system of drug distribution comprising zonal stores and depots must also be put in place. Since transportation usually adds to overheads and pushes up the cost of drugs, it was agreed that henceforth State and Federal Government agencies ordering drugs must make suppliers deliver to such agencies' stores. Thereafter, the State and Federal agencies concerned should be responsible for delivery of vital drugs down the consumption line. It was also agreed that the health of animals and plants on which human beings depend so much for survival needs to be improved in order to enhance the quality of our own health.

In the meantime, the Dialogue emphasized the need for the nation to encourage our Universities and Research Institutes to begin to put

together our inherited pharmacopoeia of healing herbs and plants and to engage in serious research to test their healing effectiveness. In the initial stage, it may be necessary to set up a parastatal to convert these into drugs and medicaments. But the ultimate goal must be to stimulate the emergence of a vigorous pharmaceutical industry producing drugs and other medical accessories not only for internal consumption but also for export to all parts of the world.

The Dialogue was briefed on the Federal Government's Health Insurance Policy, which had undergone various changes in the planning process and is billed to take off in 1992. Although in the initial stage, the policy is expected to involve six million people, the dialogue was of the opinion that this would exclude a large number of highly deserving individuals if due care was not taken. There was considerable skepticism about the implementation of the scheme and participants felt there were still many unresolved issues in the policy to which serious attention needs to be given especially those that could end up deepening social cleavages in the nation.

In contrast to the main thrust of the Health Insurance Policy, the Dialogue recommended that the existing teaching hospitals especially those in Ibadan, Zaria, Nsukka and Maiduguri should be adequately equipped and manned to make them true centres of excellence. They should have some of the most recently developed and sophisticated medical equipment in the world so that they can provide all and sundry with the very specialised medical services for which many relatively rich Nigerians continue to be flown out of the country at great costs to our foreign exchange reserve. It was suggested that if, for any reason, this was not possible, the country at least could develop one centre which can provide advanced medical services and give health ministrations of the type, quality and standard that Nigerian dignitaries and top government officials go abroad in search of.

Population

The Dialogue identified population and population growth as an important factor in all health planning strategies. The Nigerian population, it was observed, is growing much too fast. The World Bank has projected that the population of the country will be over 500 million by the year 2035 which is less than fifty years away.

Participants were unanimous in their call for a constructive and all-embracing strategy for controlling this rate of growth of the Nigerian population. Certain factors such as early marriages were identified as major contributory causes for such high rate of population growth. Perhaps the worst offender was the case of child marriage. This practice was condemned in its totality and it was reasoned that apart from its impact on rapid population growth, it had the added health implications such as the rampant cases of Vesico Vagina Fistula (VVF) and Recto Vagina Fistula (RVF).

The consensus of opinion was for the nation to combat the trend strenuously through a frontal attack which would involve extensive and intensive public education on the advantages of family planning as a means of sensitizing the generality of Nigerians to the dangers and implications of possible population explosion in the country. Such broad-based educational strategy should be the responsibility and concern of all those who are aware of the imminent danger of uninhibited population growth to the nation's well-being. It should involve not only the mass media but also all voluntary organisations, the public and private sectors of national life as well as being reflected in the curricula of our schools, colleges and universities.

Disincentives such as severe and enforceable penalties were suggested to be enacted on those involved in child marriages. It was felt that the time was ripe for government to make a determined effort at

registering all births and deaths in all communities in Nigeria. Henceforth, every community should be compelled to register all births and all deaths, as stipulatedby legislation. No payment for these services should be taken by any government or private agency. The shining example of Katsina State, which was adjudged the best in Nigeria, in the area of births and deaths registration was given as an indication of what can be done once the will was there.

Equity and Social Justice

The Dialogue observed that there was much inequity and social injustice in the delivery of health care services in the country. This was manifested in a variety of ways. The most notable is the maldistribution of personnel and facilities between the rural and urban areas. There is also the dichotomy in the quality of health-care available to those with the financial wherewithal and those who do not have the financial muscle to extract health services for their physical well being.

The Dialogue therefore recommended that government should begin to strive to correct this situation. As a first step, it should consider it a matter of priority to ensure that all children below the age of twelve are admitted and treated free of charge in all its medical centres in the country. Secondly, a vigorous programme should be launched to correct the maldistribution of health facilities and personnel as between urban and rural areas. A concerned and sustained effort at developing the rural areas, should be mounted such that the face of urban\rural medical practice would assume a new dimension to the greatest benefit of the majority of people in the country.

To accelerate the achievement of this goal, the Dialogue recommended that Local Government Councils should be made the major instrument of development in the rural areas. Rural development, it was reasoned, constitutes the greatest incentive for reversing the

massive rural-urban migration trend which has been so noticeable in the country in recent years. A ten-year development plan for the provision of water and electricity in the rural areas should be undertaken while in the interim, various measures that would help re-adjust the current maldistribution of health personnel should be considered. For this latter purpose, it was argued, monetary incentives alone would not be enough. Non-monetary "carrots" like accelerated promotions and the proper evaluation of the work of rural-based personnel in terms of achievements are things that could encourage health workers to move to and stay in the rural areas. Other non-monetary incentives include well-publicised awards as "Doctor of the Year", "Nurse of the Year", "Clinic of the Year" conferred on health personnel working in the rural areas. Recognition, it was felt, is an important factor in all self- actualisation efforts. Above all, the rural health personnel should have undisputed access to postgraduate scholarships after a period of about three years' continuous service in the rural area. Finally, it was generally agreed that vacancies in rural areas should be advertised and the personnel hired should specifically detailed to the advertised positions.

On the issue of social justice, participants were dismayed at the new policy re-introducing payment of fees for all and sundry in the fourteen teaching hospitals in the country. Although, fees have been re-introduced, they account for less than 4% (four per cent) of all revenues accruing to the institutions charging such fees. Yet their effect on certain categories of patients, especially the poorer ones, has been very devastating and has created moral problems for all concerned. Patients have been known to disappear between the consultation rooms and the admission wards because they can not afford to pay fees demanded. Even when these fees are paid, drugs still have to be bought by each patient. The cost of some of these drugs can be the equivalent of a year's income for some patients. It is thus becoming increasingly painful to observe the growing polarisation of the Nigerian

population into those who can and those who can not afford the cost of medical care.

CONCLUSION

In conclusion, participants at the Dialogue observed that whatever level of success is desirable and achievable can always be improved upon and in fact surpassed if an interministerial approach is adopted to all aspects of health care delivery. For effective follow-up of the recommendations of such interministerial consultations, much would depend on the level at which this takes place. The Dialogue was emphatic that what was involved here requires that such inter-ministerial discussions are chaired at the highest level of government, specifically by the number two man in government. Only this would ensure the effective implementation of the various decisions taken to improve the health of Nigerians on the broadest front.

As an appendage and because of its overarching impact on the other sectors of social existence, the present state of the economy deserves serious attention to minimise its deleterious effects on the nation's health. In the opinion of participants the only effective interim measure is to shore up the value of the Naira so that the purchasing power of most Nigerians is not totally wiped out. The permanent panacea for the downward trend of the economy is the need for Nigerians to change their attitude to work. It was observed that there were too many holidays. It was suggested that government may want to reintroduce working at least half-day on Saturdays as a means of further changing the working culture of the nation and increasing individual productivity. For, as the Dialogue concluded only a healthy national economy can sustain the health needs of citizens.

ANNEXURE I

List of Participants

1. General Olusegun Obasanjo, Former Head of State of Nigeria.
2. Prof. C. Nwokolo, Pro - Chancellor & Chairman of Council Ahmadu Bello University, Zaria.
3. Prof. T. A. Lambo, African Health Consultancy Services P.O Box 703, Ikeja Lagos.
4. Chief. S.O. Adebo, Former Nigerian Permanent Representative at the United Nations and former Executive Director of UNITAR.
5. Chief M. A. Majekodunmi, 3 Kingsway Road, Ikoyi, Lagos.
6. Prof. Akin. L. Mabogunje, Pro Chancellor and Council Chairman, Ogun State University.
7. Mr. Onajomo Onarere, Health Desk, The Guardian Press Ltd, PMB 1217 Oshodi, Lagos
8. Mr. Adewoye Rotimi, President, Nigeria Medical Students Association, Obafemi Awolowo College of Medicine, Ogun State University, Shagamu, Ogun State
9. Prof. A. Akinkugbe, College of Medicine, University of Lagos, P. M. B. 12003, Lagos.
10. Dr. Tade Aina, Dept. of Sociology, Arts Block, Room 327 University of Lagos.
11. Lt. Col. U.O. Dikko (Rtd), Managing Director, Arewa Phamaceuticals Ltd. P.O. Box 4251, Kaduna - South.
12. Alhaji Y. Magaji, Director, Nigerian Institute for Trypanosomiasis Research. P .M. B. 2077 Kaduna.
13. Chief J.O. Lambo, 41, Shofuntere Street, Apapa Road, Ebute -Metta, Lagos.
14. Dr. Funmi Olagbaiye, Dept of Psychology, University of Lagos, Akoka, Lagos.
15. Mairo Y. Bello, Bank of North, Data processing Dept. Head Office, 2 Zaira Road, P.O. Box 211, Kano.
16. Monsignor Pedro Martins, 33, Adetokunbo Ademola Street, Victoria Island, Lagos.
17.

Prof. Anezi Okoro, University of Nigeria of Teaching Hospital P. M. B. 01129 Enugu, Anambra State, Nigeria

18. Dr. B. Badejo, Department of Political Science, University of Lagos.
19. Alhaji Abdul Ganiyu Olatunji, Imam, Ogo Oluwa, Amje Central Mosque, Alakuko, Lagos-Abeokuta Expressway.
20. Dr. Y. Maiangwa, Director, Africa Leadership Forum, Ota.
21. Prof. Akinkugbe, University College Hospital, Ibadan.
22. Mr. P. A. Aderinwale, Africa Leadership Forum, Ota.
23. Dr. Sadiq. S. Wali, State House Clinic, Dodan Barracks Ribadu Road Lagos.
24. Hajiya Amina Sambo, Chairperson Kano State Child Welfare Committee, Kano.
25. Prof. Eyitayo Lambo, c/o Economics Department, University of Ilorin, Ilorin.
26. Dr. F. B. Adenika Panpharm Ltd. P. M. B. 1365, Ikeja, Lagos.

ANNEXURE II

Opening Address By ALF Chairman

General Olusegun Obasanjo

Let me start my short address by welcoming you all to the Farm House Dialogue. This is the Sixth in our series on developlment.

Over this weekend, we shall focus on Health for Development. It can neither be over-emphasized nor border on the repetitive if one emphatically says Health as a sector is one of the crucibles of the development process.

Health is wealth goes an old but nonetheless pithy adage. Individual health, and the health of the aggregate constitute an integral and unignorable part of the national and social wealth of a nation.

However my point of departure stems from my conviction that health should not be defined or described as the absence of infirmies and disease from an individual. For me an healthy person must not only be free from disease and infirmies, but must in addition enjoy adequate psychological balance, psychic balance. Such a person must have as his habitat and or place of abode a decent dwelling place. He must in a similar vein have unbriddled access to a daily intake of nutritive and halanced diet-social security and well being.

Expanding and exploring the total circumspection of health would open to us several dimensions through which we can make the health and by implication the Wealth of the nation for Development. It was

with this at the back of my mind that I invited people from different backgrounds, trainingb expertise and vocation. Among us this weekend are psychologists, a religious leaders, a traditional leader, a Nurse, Medical doctor and "consumers" of the health care delivery sustem of which I happen to be one. With such an assemblage, it is doubless that we shall have a most interesting dialogue.

If we agree that development is about releasing the creative energy of the people for a positive interaction with the physical and social environment. You will no doubt agree that the foremost pre-requisitie is for the peoples to be healthy. In other words, they must be of sound body and mind before we can talk about mobilising them to utilise their creative energies and impact on nature for development. Yet without development improved living conditions cannot be effectively achieved or made a national and social reality. Such is the nature of the dilemma and the circular nature of the nexus between Health and Development.

A sector by sector analysis of the Nigerian social reality confirms that health sector is in a particularly severe crisis. It is no gainsaying, repeating the fact that adequate health care for the Nigerian citizenry is for now a mirage. Where did we gfo wrong and how far wrong have we gone? Can we retrace our steps and move with a concerted effort in the right direction?

These of course are loaded questions. Proffering answers to them, I believe, would constitute the melting point and the bottom line of our national health problems and of course our dialogue this weekend.

Our national health problems has been compounded by the availability of locally accessible and inexpensive remedies and techniques, that we have continuously ignored. That to my mind is the first step we took wrongly.

At another level, I believe the curative potency of our traditional herbs have not really been optimized. What we need do is discern the correct dosage of each herb that need to be administered for its potency to emerge. Developing this would be a two pronged attack, not only would the drugs be easily available and affordable, it would reduce the current trend of overdependence on Western drugs. Such dependence carries with it implications that are far reaching and somewhat damaging. There is an adage which says that nobody can take care of your property like you would do. In essence their drugs cannot be as accurately efficient as the herbs we have, if only we can design cheap and inexpensive ways of making them available in a standardised format. I do not believe that medicare need to be expensive to be effective.Because of our faulty start off the block we have largely and patently ignored preventive medicine. We all know it is cheaper to prevent than cure. Yet we usually allow a small wound to fester into an unusually large open sore.

One aspect of preventive medicare that we seem not to be cognizant of is the continuous degradation of our environment and the uncontrolled and widespread usage of pesticides and the newer emergent pheneomenon of "importing" toxic waste.

There are of course other aspects of environmental degradation, such as industrial pollution caused by discharging industrial waste into dwelling areas. It is imperative and crucial that we move in a joint and concerted manner to evolve enduring modalities of enthroning preventive medicare as against the emphasis on curative.

ANNEXURE III

Chairman's Address

By Professor Chukwu Nwokolo, OFR, NNMA, FRCP, Hon DSc. Professor Emeritus (Medicine) University of Nigeria

General Obasanjo, distinguished Ladies and Gentlemen.

Our dialogue on the theme Health for Development under the auspices of the Africa Leadership Forum is the sixth in the series, and one must congratulate the General for his originality and creativity in devising his Farm House Dialogues. It will be for history to appraise its rightful place in the painful growth process of the Nigerian nation, but I already suspect that if the recommendations of the dialogues continue to command respect they will be given a place of honour, side by side with other original creations of the General, such as the Nigerian National Merit Award Endowment Fund. Ladies and gentlemen, this exercise will have to be a brain storming session for the generation of new ideas in the health sector with the purpose of ultimately promoting positive health among all our people in a joint effort between the governments of the Federation, and our people. I can already hear critics commenting that there is no shortage of ideas in the Nigerian health programme and that what we need are more funds for implementation of recommendations already on the ground. I am afraid that I do not entirely agree with this. Every human activity can be improved by continual re-examination and new ideas do arise from such careful examinations. And we have to accept that better understanding of one's problems through dialogues with colleagues often facilitates problem- solving.

In considering the global subject of health, we need to create an inventory of current problems in 1989. And if possible we should put

them in an order of priority in the spirit of the Structural Adjustment Programme. SAP has engendered certain behavioural norms. We specially require those aspects emphasizing self reliance and wise husbandry of available resources in the health sector to stem the deterioration in standards which the shortage of funds, and our increasing population are creating.

I also hope that this team will find it possible to firmly indicate what minimum percentage of the GDP the nation will require in order to finance its health needs. This figure should reflect the level of priority enjoyed by health matters in affairs of the nation.

In examining the problems in the traditional divisions of the health sector, we should hunt particularly for new ideas for the solution of current problems. I also hope that we will be able to examine some fundamental national problems which are currently inhibiting Nigeria's progress in all sectors including health. I am referring to the pervasive problems of indiscipline, corruption, excessive materialism, and a precipitous decline in the pursuit of excellence.

Preventive Medicine

Health problems are traditionally handled under the heading of preventive and curative. Until recently lip service rather solid achievement was characteristic of the practice of Preventive Medicine in this Country.

In 1959, on the eve of our independence a distinguished British Physician, the late Sir Graham Bull visited Nigeria's health establishments at the request of the Colonial Government. A quick look at the budget and the economy convinced him that the most cost-effective way of handling our health problems lay in the vigorous pursuit of preventive medicine - Immunization, environmental health pro-

grammes including countrywide attention to water supplies, maternal and childhealth, and data collection. Bull's advice was politely accepted but the emphasis on curative medicine continued unabated, and an audit around 1985 still showed that only one quarter of the health budgets of the nation went to the prevention of disease. It is gratifying that with Professor Kuti's new initiatives in primary health care which combines preventive medicine with curative medicine at the village level, and with the support of international agencies like WHO and UNICEF in immunization a new horizon has dawned in the area of preventive medicine in Nigeria, but to make appropriate impact, this initiative must be continued indefinitely.

Members of the forum will need to comment on the present situation and make proposal for improvement in the operations of the programmes.

Sixteen years ago, Prof. O. Akinkugbe as Dean of Medicine of University of Ibadan arranged a symposium to commemorate the 25th Anniversary of the University of Ibadan. A Sinophile, Dr. J. S. Horn of London Hospital Medicine College delivered a paper on how China achieved phenomenal progress in the Medicine Sector.

According to Dr. Horn the five main principles utilized by China were:

(1) Emphasis on preventive medicine which is more cost-effective and influences vital statistics more radically than curative medicine;
(2) Use of masses for execution of projects which had been previously explained to them;
(3) Orientation to the country side;
(4) Self reliance;
(5) Cooperation within the medical profession and between the medical authorities and the people.

At the same symposium Nigeria's former Chief Medical Adviser, the late Dr. Adesuyi quoted the WHO as recommending that priority attention in health matters should be given to the training of medical manpower followed by control of communicable diseases, environmental health programmes and expansion of basic health services.

Today, 16 years later, it is possible to say that much has been achieved in training of basic manpower in Nigeria and, that for the first time primary medical care which integrates preventive and curative medicine at the village level is receiving appropriate attention, and seems to have climbed to number one priority position on the WHO programmes recommendations.

At the Nigerian Medical Association Conference held in Enugu in 1973 a suggestion was made that one way of defeating the "drug out-of-stock syndrome" in our hospitals was for the items purchased with the drugs vote to be sold to patients at cost price and the proceeds recycled repeatedly to keep the drug supply at a satisfactory level throughout the year instead of returning all money to the accountant General as decreed by Government regulations. The idea was accepted in principle by the commissioner for health East Central State at the time but his civil servants advised against it saying that it would sabotage orderly compliance with the rules of the civil service. It took another 15 years for the idea to be resuscitated and put into practice. In the last 2 1/2 years this simple procedure has radically changed the drug supply situation in places like the University of Calabar Teaching Hospital, the hospital of University of Ife, University of Ibadan and the University of Nigeria. The Borno State Ministry of health is the latest ministry to embrace the drugs budget recycling practices practice. There is need for the practice to be adopted in every local Government throughout the Country.

Now which are the unsolved problems of the health sector?
What are the major constraints standing between us and perfect health for development?

The need for innovative ideas for tackling these problems is one of the main purposes of this dialogue.

The major unsolved health problem is of course the dismal health of our national economy, which is responsible for the all round shortage of funds. The problem of the national economy is too important to be left alone to the Government or the economists alone. Every one with fresh ideas on the problem must make them available to the nation.

Another general malaise which is all pervasive and inhibits national progress by as much as 30 to 40% is indiscipline, lack of accountability and corruption. They should no longer be ignored, or side-tracked.

A third malady is ignorance in the area of health education and poor communication facilities. This amenable to treatment through a vastly improved communication network, linking the village health centre-and so the health pyramid-with the primary school as well as the media, starting with new specially prepared educative programmes on radio and television.

The fourth problem is malnutrition which afflicts in my experience as many as 40% of the children of school age in the rural areas of some parts of the country. With the improvement in our food supplies and the growth of school farms and a better supply of fertilizers, I suggest that we should aim ultimately at one good school lunch for all our primary school children throughout Nigeria.

The shortage of clean water is really problem though it is being handled by various other agencies. The ideal of one water point to 1000 citizens is still unrealized in spite of the feverish activities of DFFRI. How to accelerate its realization should be addressed by this house. It is one sure way of improving the health status of the citizenry through out the country.

One of the most difficult problems of the nation has been how to improve the staffing situation of the medical institutions of the rural community, and how to boost the morale of honest civil servants in order to obtain a good day's work for a good day's pay.

What is the solution to our worker's not on seat syndrome?

Other problems relate to how to adequately reorganize
medical research throughout the nation and how the self reliance formula can be brought into our health sector. We really need to define the places of traditional medicine in our national programmes and how to improve the investigative facilities in our centres of excellence and teaching hospitals, so as match the situation in hospitals in Europe and USA where the elite of the Nigerian community regard as the right places for a medical check-up.

Distinguished ladies and gentlemen, this as you can see is a crowded agenda, but I feel certain that the outstanding talents of the nation here assembled will provide our planners and the entire leadership forum more then enough material for planning towards the realization of our goal - good health for the nation.

BACKGROUND NOTE ON THE AFRICA LEADERSHIP FORUM

Despite over a quarter of a century of political independence, Africa's aspirations and hopes remain today largely unfulfilled. This has not been, however, a period of unmitigated failure in the history of the continent; there have been successes in education, public health, import substitution industries, and in the continuing process of decolonization. The problems of development, peace and security, the health of the world economy, and improving the environment are interrelated global issues; they do not admit of piecemeal solutions.

And yet all countries find that in the absence of true global cooperation, they have to tackle particular aspects of them. At the national level in Africa, the inadequacy of information, data, and resources render the problems daunting. Regionally they are overwhelming.

African leaders have frequently come to their positions with limited experience. Though most of them have battled on, confronting their awesome problems of development and nation- building essentially not only unprepared but unaided, their efforts have been at best only a qualified success.

Africa cannot afford to continue with ill-prepared and unassisted leaders. Those on whom the burden of leadership will fall in future must fully comprehend their responsibilities, duties, and obligations. They must, that is, have exposure and carefully planned preparation if they are to meet the challenges that will face them.

The leaders of tomorrow, however, today have to be pursuing their professional careers. They have little time to devote to gaining a comprehensive knowledge of their own countries and their region, nor of the cultures of their diverse peoples. Nor even to learning about and

understanding the actions taken by their present leaders where they do not impinge on their own areas of expertise.

Most young potential leaders have focused primarily on single issues,lacking time to look at wider, critical regional and world challenges. Time for comprehensive study and reflection, for sharing experiences with persons inside, let alone outside, their countries, region, and field of concentration is very limited. Opportunities for such detached discussion and contemplation are even rarer.

There are no private institutions in Africa devoted to preparing potential leaders with a global outlook, leaders who will be able to cooperate within and across national, regional, and institutional boundaries. Further, it is difficult, if not impossible, in many African countries to gain access to relevant and timely information on most national, regional, and global issues.

Experience in and out of Government and in international fora bears out this situation, one which poses a challenge to address and remedy. One solution is to hold periodically the "Africa Leadership Forum" - a series which may be national, subregional, regional and international in dimension and may vary in duration. Their purpose will be to enhance the knowledge and awareness of young, potential African leaders, placing special emphasis on diagnosing apparent failures of the past; on understanding multiple dimensions and complex interrelations of local, national, regional, and global problems; and on seeking possible approaches to solutions

OBJECTIVES

The purpose of the Forum is to encourage diagnosis, understanding, and an informed search for solutions to local, regional and

global problems, taking full account of their interrelationships and mutual consequences.

To that end, the Forum will develop, organize and support programmes for the training of young and promising Africans with leadership potential so as to expose them to the demands, duties and obligations of leadership positions and to prepare them systematically for assuming higher responsibilities and meeting the challenges of an interdependent world.

The Forum will also endeavour to generate greater understanding and enhance the knowledge and awareness of development and social problems within a global context among young, potential leaders from all sectors of society, cutting across national, regional, continental, professional and institutional borders. This may foster close and enduring relationships among participants, relationships promoting life-long association and cooperation;

Further, the Forum will support and encourage the diagnosis and informed search for appropriate and effective solutions to local and regional Africal problems and to global problems from an African perspective - within the framework of global interdependence -, including conideration of phased action programmes that can be initiated by various countries, sub- regions and institutions.

In addition, there will be specific weekend seminars organized as Farm House Dialogues to be held quarterly. The first of the Dialogues entitled "Leadership for Development" was held on 13-14 May 1988.